

Powick Church of England Primary School



Supporting Children with Medical Conditions – Powick Arrangements

**Reviewed:
July 2026**

**Review Date:
Autumn 2028**

‘Embracing Learning Together’

At Powick CE Primary School we are a caring Christian community where everyone is welcome and, following the example set by Jesus, we thread kindness and compassion through everything we do. Through working together, we desire for everyone in our community to flourish by developing their God given talents.



Powick CE Primary School adopts the DoWMAT Supporting Children with Medical Conditions Policy and will follow the procedures in place in this policy. Powick School also has in place the following arrangements to ensure the needs of children with medical conditions are met.

Roles and Responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively; both with staff within the organisation and with outside agencies, as the circumstances of each child dictate.

The Local Academy Board

The Local Academy Board (LAB) will:

- Make arrangements to support pupils with medical conditions in school, including making sure that this policy is implemented.
- Ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.
- Ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

- Ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

Headteacher

The Headteacher will:

- Ensure that the Supporting Pupils with Medical Conditions Policy is developed and effectively implemented with partners, including all staff are aware of the policy and that they understand their role in implementing the policy.
- Ensure that all staff who need to know are aware of a child's condition.
- Ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all the Individual Health Care Plans, including in contingency and emergency situations.
- Have overall responsibility for the development of Individual Health Care Plans and ensuring these are monitored frequently.
- Ensure that all staff are appropriately insured to support pupils in this way.
- Liaise with the school nurse in respect of a child who has a medical condition, including in cases where the situation has not yet been brought to the attention of the school nursing service.
- Ensure supply teachers are briefed on the needs of the child.
- Ensure risk assessments are put in place for educational visits, and other school activities outside the normal timetable.

School Staff

School Staff will:

- Be aware that they may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be directed to do so unless it is within the staff member's contract.
- Take into account the needs of pupils with medical conditions that they teach, although administering medicines is not part of teachers' professional duties.
- Receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.

- Know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Pupils

Pupils with medical conditions may be best placed to provide information about how their condition affects them. They should be involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with their individual healthcare plan. Other children will often be sensitive to the needs of those with medical conditions.

Parents

Parents should provide the school with sufficient and up-to-date information about their child's medical needs. Parents are seen as key partners and they will be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. Parents should carry out the action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

School Procedures

Individual Healthcare Plan

Early identification of medical needs is vital and should, where possible, be completed during transition and prior to a child's start date at school. Where this is not possible school will endeavour to have an Individual Health Care Plan in place within two weeks of a child's start at Powick School or after being informed of a diagnosis.

Steps for developing an Individual Health Care Plan will be taken from the DoWMAT Supporting Children with Medical Conditions Policy.

STAFF TRAINING AND SUPPORT

Staff training needs will be reviewed annually and will take into consideration any children with known conditions, who are joining the school.

All members of staff providing support to a child with medical needs will receive training prior to this role starting.

Any additional training, which is identified in response to pupils individual needs will be planned and completed in a timely manner.

Named staff, who will also be first aid trained will be responsible for administering a child medication.

All training will be clearly documented, and stored in the CPD log, in the Headteachers office.

MANAGING MEDICINES ON SCHOOL PROPERTY

Medicines will only be administered in school, where it will be detrimental to a child's health or attendance not to do so.

Over the counter medicine

Over the counter medicines can be administered in school eg. Calpol by trained first aiders if written consent has been obtained. The medicines must be brought into school in a sealed, clearly named and dated container, and accompanied by a completed OTC medicine form (appendix 6). All administration of medication must be recorded on the school system.

No child will ever be given prescription or non-prescription medicines without written consent. In an emergency, where no written consent is available, verbal consent may be sought for the administration of school Calpol.

Prescription medicine

No child will be given a medicine containing aspirin unless it has been prescribed by a doctor. Parents will be required to give their written consent.

The school will only accept prescribed medicines that are in-date, labelled, provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage. The exception to this is insulin which must be in-date, but will generally be available to schools inside an insulin pen or pump, rather than its original container.

Medicines will be stored safely. This may be in a dedicated fridge in the kitchen. Some medicines may be stored safely in the classroom/medicine cupboard. Children who need to access their medicines immediately, such as those requiring asthma inhalers, will be shown where they are and clearly labelled within the classroom.

On educational visits, medicines will be available and they will be looked after by a relevant member of staff.

If a controlled drug has been prescribed, it will be kept securely and stored in a non-portable container.

Named staff only will have access to such medication so that it can be administered to the specific child. The school will keep a record of doses administered, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered will be noted.

When no longer required, medicines should be returned to the parent / carer to arrange for safe disposal.

For more information on the administration of specific medicines please see the DoWMAT Supporting Children With Medical Conditions Policy including controlled drugs

RECORD KEEPING

The Academy will keep an accurate record of all medication administered, including the doses, time, date and supervising staff by using the DFE's template in the appendix of this policy.

EDUCATIONAL VISITS AND SPORTING ACTIVITIES

The school will consider how a child's medical condition will impact on their participation. We will encourage all children to participate according to their ability and make any necessary reasonable adjustments, unless evidence from a clinician, such as a GP, states that this is not possible.

The school will consider what reasonable adjustments may need to be made after carrying out a risk assessment so that planning arrangements take account of any steps needed to ensure that children with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

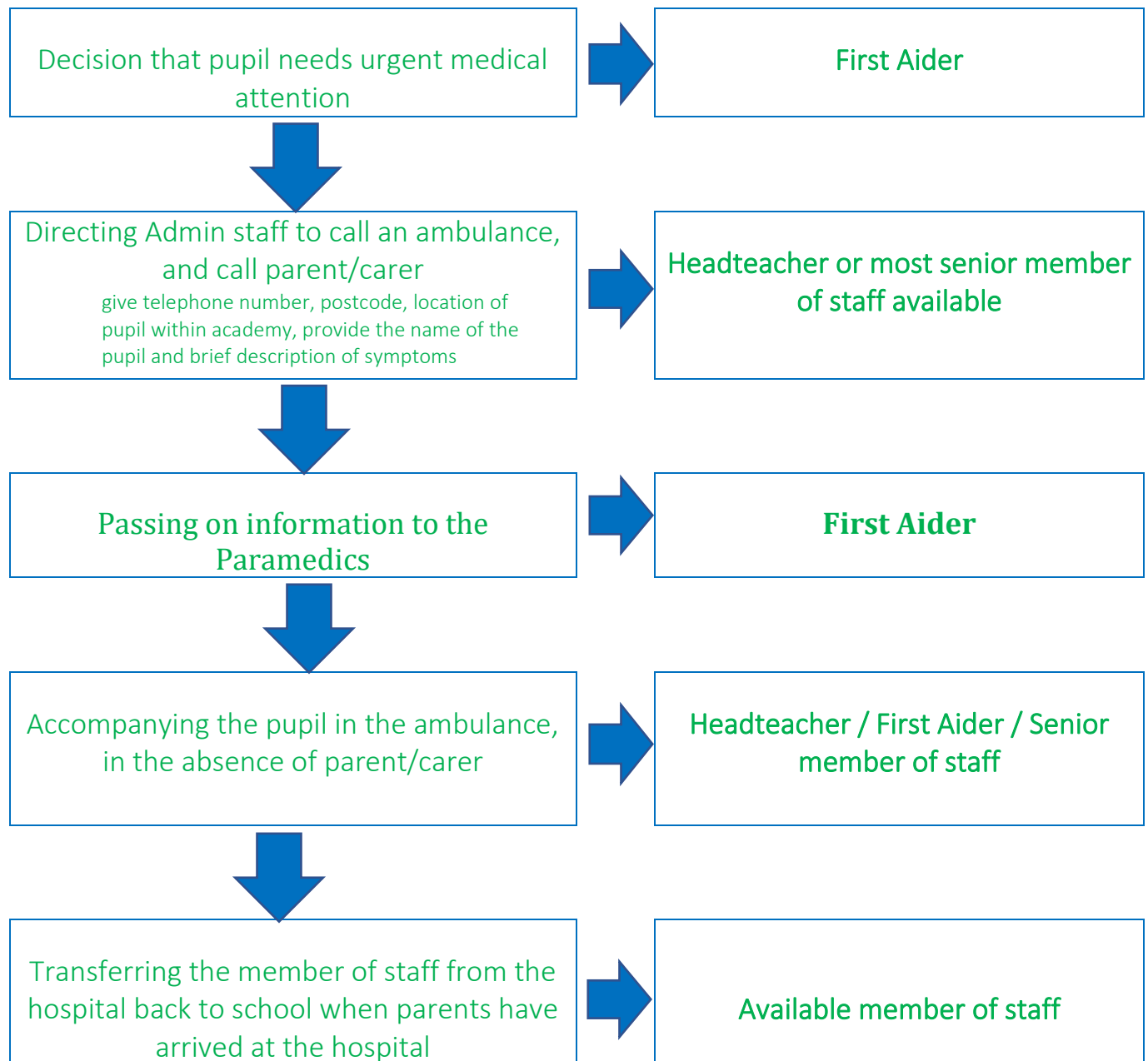
For further details on: unacceptable practice; liability and indemnity and the complaints procedure please see the DoWMAT Supporting Pupils with Medical Conditions Policy

The following annexes are taken from a number of sources, to be used at the academy's discretion.

The flowchart follows Template F of the Department for Education statutory guidance.

Staff should not take pupils to hospital in their own vehicle.

Where an Ambulance needs to be called in school, there are several roles which need to be fulfilled. The responsibility for these roles is fluid, to cover staff absence/cover. All staff should be aware of the procedures.



Powick CE Primary School

Managing Medications on an Outing/Residential Visit

Risk assessments are completed before each school trip and outing. Risks for pupils with known medical conditions are considered, as well as any potential risk to others.

Pupils who require short term medication for the duration of the trip/residential

Parent/carers complete medical forms at least three weeks before the visit at which point the Academy will establish, from parents/carers, the medication, circumstances in which it can be administered, the precise time the dose is given and the exact dose.

All medication must be provided in the original packaging as supplied from the pharmacy.

Pain Relief

Pupil's/students who require regular/prescribed pain relief that needs to be taken whilst on an outing/residential visit must bring in their own supply of the medication and parents must complete a separate medication consent form. All pupil/student medication will be held in by the Visit Leader.

The Academy may take a central store of medication such as Calpol/paracetamol on a residential visit. Parental consent must still have been given for administration. This will be achieved as part of the parental consent to act in loco parentis in emergency situations. Prior to administering medication that has not been directly provided by the parent/carer, the Visit Leader will always attempt to contact the parent/carer to explain why the medication is being given.

Pupils with an Individual Healthcare Plan in place

For pupils with known medical conditions, staff will make contact with the parent/carer in advance of the trip. This will ensure that they are fully briefed to ensure that there are adequate quantities of medication available, that the pupil's condition is stable, and which emergency details are required should the pupil need to have additional support. This is documented for the Group Leader.

For Early Years/Foundation Stage pupils, where it is assessed that the pupil cannot self manage their inhaler, Group Leaders will ensure that staff keep the inhalers for pupils allocated to them. All doses administered need to be recorded.

Controlled drugs

The Academy will make every effort to accommodate pupil's with a medical condition who require controlled drugs to be administered when in the school's care, but off the school premises. For a residential visit, consultation with the venue will need to take place, to ensure safe storage facilities will be in place.

Further Guidance/References

Royal Pharmaceutical Society of Great Britain (RPSGB) - The Handling of Medicines in Social Care

Department of Health - “Guidance on the use of emergency salbutamol inhalers in school – March 2015”

<https://www.gov.uk/government/publications/2010-to-2015-government-policy-drug-misuse-and-dependency/2010-to-2015-government-policy-drug-misuse-and-dependency#appendix-1-classifying-and-controlling-drugs>

<https://www.gov.uk/government/publications/controlled-drugs-list--2/list-of-most-commonly-encountered-drugs-currently-controlled-under-the-misuse-of-drugs-legislation>

[https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline auto injectors in schools.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf)

LEGISLATION:

Section 2 of the **Health and Safety at Work Act 1974** and the associated regulations, provides that it is the duty of the employer (the governing body and academy trust) to take reasonable steps to ensure that staff and pupils are not exposed to risks to their health and safety.

Misuse of Drugs Regulations 2001 and associated regulations the supply, administration, possession and storage of certain drugs are controlled. Schools may have a pupil who has been prescribed a controlled drug.

The Medicines Act 1968 specifies the way that medicines are prescribed, supplied and administered within the UK and places restrictions on dealings with medicinal products, including their administration.

Regulation 5 of the School Premises (England) Regulations 2012 (as amended) provides that maintained schools must have accommodation appropriate and readily available for use for medical examination and treatment and for the caring of sick or injured pupils. It must contain a washing facility and be reasonably near to a toilet. It must not be teaching accommodation. Paragraph 24 of the Schedule to the Education (Independent School Standards) Regulations 2014 replicates this provision for independent schools (including academy schools and alternative provision academies)

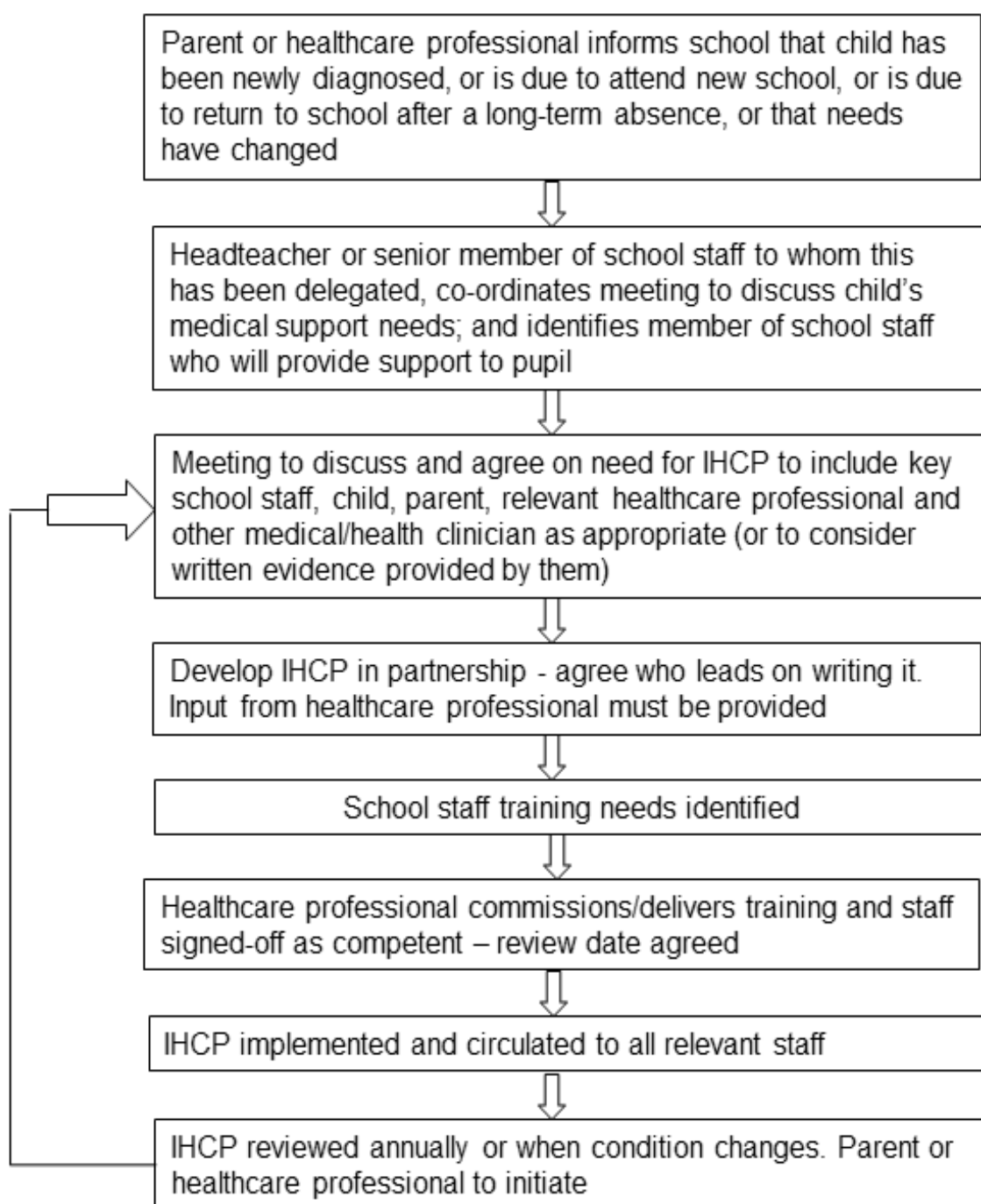
Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of pupil referral units (PRUs) to make arrangements for supporting pupils at their school with medical conditions.

Powick CE Primary School Department for Education Templates

- Appendix 1: model IHCP flowchart
- Appendix 2: specimen letter from parent/carer for use of emergency inhaler
- Appendix 3: specimen letter to inform parent/carer of use of emergency inhaler
- Appendix 4: specimen letter from parent/carer for use of emergency adrenaline auto injector
- Appendix 5: body map
- Appendix 6: Parental agreement to administer non prescription medicine

- Template A: individual healthcare plan (IHCP)
- Template B: parental agreement for setting to administer medicine
- Template C: record of medicine administered to an individual child
- Template D: record of medicine administered to all children
- Template E: staff training record – administration of medicines
- Template F: contacting emergency services
- Template G: model letter inviting parents to contribute to individual healthcare plan development

APPENDIX 1



APPENDIX 2

CONSENT FORM:
USE OF EMERGENCY SALBUTAMOL INHALER
Powick CE Primary School

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: _____

Date:

Name (print): _____

Child's name: _____

Class: _____

Parent's address and contact details:

—

—

Telephone: _____

E-mail: _____

APPENDIX 3

SPECIMEN LETTER TO INFORM PARENTS OF
EMERGENCY SALBUTAMOL INHALER USE

Child's name: _____

Class: _____

Date: _____

Dear,

[Delete as appropriate]

This letter is to formally notify you that..... has had problems with his / her breathing today. This happened when

A member of staff helped them to use their asthma inhaler.

They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.

[Delete as appropriate]

Although they soon felt better, we would strongly advise that you have your seen by your own doctor as soon as possible.

Yours sincerely,

CONSENT FORM:
USE OF EMERGENCY ADRENALINE AUTO INJECTOR
Powick CE Primary School

Child showing symptoms of anaphylaxis shock

1. I can confirm that my child has been diagnosed with a food (please state which food.....) / wasp/bee sting / latex allergy / [other allergy] and has been prescribed an adrenalin auto injector. [delete as appropriate].
2. My child has an in-date adrenaline auto injector, clearly labelled with their name, which they will have with them at school every day.
3. In the event of my child displaying symptoms of anaphylaxis shock, and if their own adrenaline auto injector is not available or is unusable, I consent for my child to receive an injection from an emergency adrenaline auto injector held by the school for such emergencies.

Signed: _____

Date:

Name (print): _____

Child's name: _____

Class:

Parent's address and contact details:

—

—

Telephone:

E-mail:

APPENDIX 5

Body Map

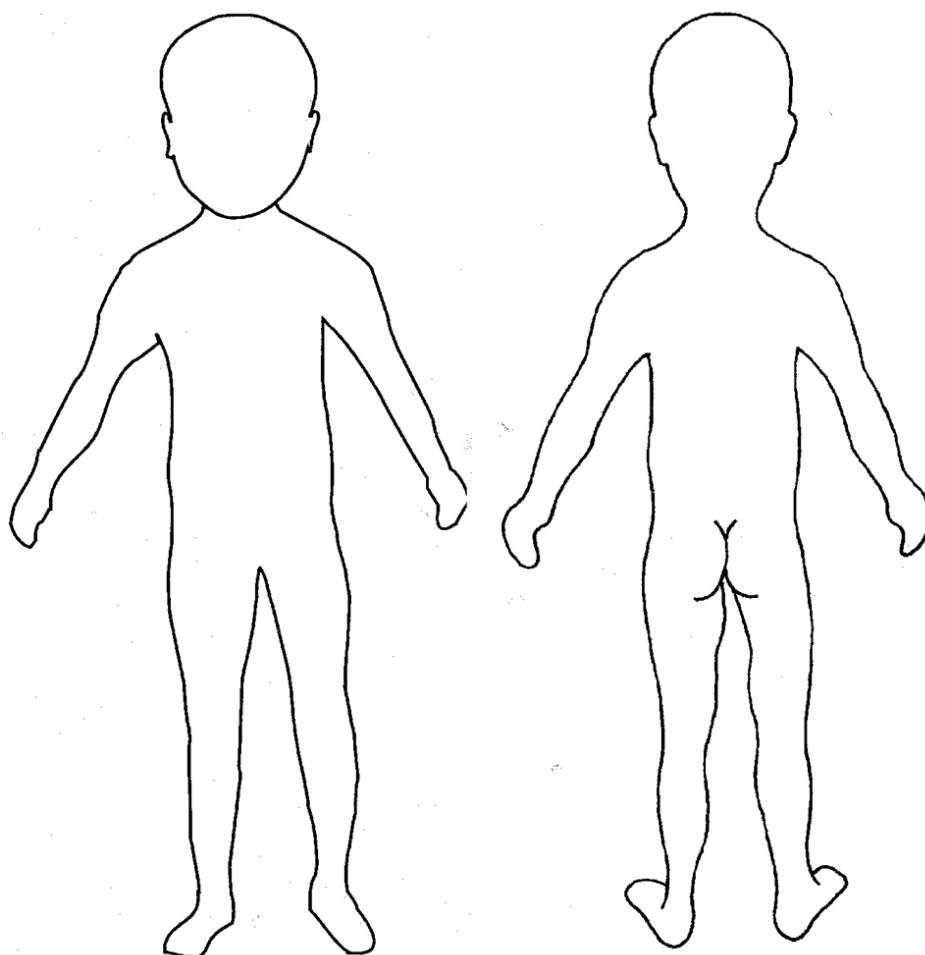
(The body map must be completed by the parent/carer before any cream or ointment is applied at school)

Name of pupil: _____ Date of Birth: _____

Class: _____

Name of staff to apply prescribed cream/ointment: _____

Name of medication: _____



Reason for, and frequency of application:



Parental agreement for school to administer non-prescription medicine (Paracetamol or Antihistamine only)

The school will not give your child over the counter medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

Name of child	
Date of birth	
Class	
Medical condition or illness	

Medicine

Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school needs to know about?	
Self-administration – Y/N	
Procedures to take in an emergency	
When was this medication last administered? Date & Time	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Parental Responsibility – Y/N	
I understand that I must deliver the medicine personally to	The school office

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the Trust policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication.

Signature(s) _____ Date _____

TEMPLATE A: INDIVIDUAL HEALTHCARE PLAN

Name of Academy/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support
in Academy

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medication – dose, method of administration, when to be taken, side effects, contra-
indications, administered by/self-administered with/without supervision.

If this is a controlled drug – detail the arrangements required for storage, administering and
disposal

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for Academy visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (state if different for off-site activities)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

TEMPLATE B: PARENTAL AGREEMENT FOR SETTING TO ADMINISTER MEDICINE

The Academy/setting will not give your child medicine unless you complete and sign this form, and the Academy or setting has a policy that the staff can administer medicine.

Date for review to be initiated by

Name of Academy/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness

Medicine

Name/type of medicine

(as described on the container)

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the Academy/setting needs to know about?

Self-administration – y/n

Procedures to take in an emergency

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the
medicine personally to

[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Academy/setting staff administering medicine in accordance with the Academy/setting policy. I will inform the Academy/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

TEMPLATE C: RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD

Name of Academy/setting

Name of child

Date medicine provided by parent

Group/class/form

Quantity received

Name and strength of medicine

Expiry date

Quantity returned

Dose and frequency of medicine

Staff signature: _____

Signature of parent: _____

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

TEMPLATE D: RECORD OF MEDICINE ADMINISTERED TO ALL CHILDREN

Name of Academy/Setting	
-------------------------	--

[illegible]

TEMPLATE E: STAFF TRAINING RECORD – ADMINISTRATION OF MEDICINES

Name of Academy/setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature: _____

Date: _____

I confirm that I have received the training detailed above.

Staff signature: _____

Date: _____

Suggested review date: _____

TEMPLATE F: CONTACTING EMERGENCY SERVICES

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. Your telephone number
2. Your name
3. Your location as follows [insert Academy/setting address]
4. State what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. Provide the exact location of the patient within the Academy setting
6. Provide the name of the child and a brief description of their symptoms
7. Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. Put a completed copy of this form by the phone

TEMPLATE G: MODEL LETTER INVITING PARENTS TO CONTRIBUTE TO INDIVIDUAL HEALTHCARE PLAN DEVELOPMENT

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the Academy's policy for supporting pupils at Academy with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the Academy, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in Academy life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

Date	Reason for amendment	Ratified by LAB
Summer 2026	Non prescription Medicines added	Autumn 2026